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ABSTRACT

The booklet describes a rationale for teaching junior high school level learning disabled (LD) students. The author discusses how to recognize an LD profile, how to screen for learning disabilities, and how to diagnose using the discrepancy model (chart illustrating the difference between I.Q. expectancy and actual performance). A description of the developmental by-pass technique, in which the student is allowed to learn content material via audio-visuals--thus by-passing areas of developmental delay, is given along with suggestions for its implementation in a regular classroom. The teacher's role is also outlined. (FHR)

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Ken Tharpe

UNDERSTANDING SECONDARY LEARNING DISABLED STUDENTS

A DEVELOPMENTAL BY-PASS APPROACH

by
Robert J. Mosby, Ph. D.
&
Ken Tharpe

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**FRANKLIN COUNTY SPECIAL
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Dr. Robert J. Mosby, Director

I. UNDERSTANDING LEARNING DISABILITIES: THE L.D. STUDENT

Bright but stifled is the learning disabled student; the child whose intelligence is average or above but whose school performance does not match his intellectual abilities, age/grade placement or previous educational experience. This discrepancy between ability and performance is difficult for family and teachers to understand. Dr. Warren A. Weinberg (*pediatric neurologist, University of Texas Medical School of Dallas*) thinks that learning disabilities are delays in "developmental" behaviors.

"A developmental behavior is an observable behavior that occurs in a majority of people at a rather predictable age. It does not imply that such behavior is learned in the sense that it must be taught. A child crawls, walks and talks when he/she is developed enough or physically ready and able to do those things. If a healthy, otherwise normal child does not start to speak until the age of 2 1/2 years, he would be said to have a delay in the development of speech or a developmental speech disability. Likewise, a child who does not read or write at the age when the majority of children begin to read or write, has a delay in the development of these skills."

Because most children do not mature on any "textbook" schedule, many children seem to exhibit characteristics of being learning disabled. But if these developmental lags do not cause any problems of adjustment to school life, that person may not be identified for special services. A child should be identified for service if there exists a severe discrepancy which falls significantly below the child's expected achievement level when intellectual ability, age, previous education experience and local norms are considered.

At the junior high and high school level, these specific disabilities may be manifested in a variety of school related areas, including arithmetic, spelling, reading, writing, speaking, carrying out instruction (*oral or written in sequential order*), and recalling specific information.

II. RECOGNIZING L.D.: PROFILES

The disability of a single student, however, will not usually affect all of these areas. Instead, a pattern of success in some areas and failure in others will usually be evident. Typical cases include:

**7th grader reading at 3rd grade level but doing 7th grade arithmetic*

**A 10th grade history student whose test performance is "B" when tests are based on lecture material and multiple choice testing vs. "F" when based on textbook sources and "fill-in-the-blank" tests*

**9th grade student who has normal intelligence and can communicate verbally regarding course work, but who can spell and write only at the 4th grade level*

Failure to correctly identify such inconsistent performance patterns often leads to labels of "lazy", "unmotivated" or "slow" when the student fails to perform up to expectancy. This begins to happen in the early grades, and its detrimental effects on both attitude and achievement mount each year. By junior high age, frustration and misunderstanding have resulted in low self-esteem, expressed in many cases by withdrawal or aggressive behavior.



Academic achievement and information, meanwhile, fall further and further below grade level as the student ceases to initiate efforts he knows will be unsuccessful. To reverse this trend, teachers must find ways to show the child that he can learn.

Fortunately, the L.D. student has the potential for academic success. He often learns to use his strengths to compensate for his weaknesses. For example, if he cannot learn readily through reading, he can learn by listening to recordings of his textbooks.

Diagnosis by learning disability specialists in consort with a regular classroom teacher makes it possible to pinpoint the appropriate learning techniques for each L.D. student. "Prescriptions", based on the diagnosis, include procedures for the classroom as well as possible resource room assistance.

HOW DO YOU SCREEN?

A good method of screening for severe learning disabled students is to ask a perceptive teacher to identify those children who have basic skill deficits but whom the teacher feels have more potential than their classroom performance indicates.

Also, one can screen large groups by comparing group I.Q. scores vs. achievement scores. Where there appears to be a discrepancy between expectancy as based on intelligence vs. achievement of two or more grade levels at the secondary level, a referral should be made for a deeper analysis and diagnosis of learning problems. In both situations the student can improve achievement in the regular classroom and develop an affirmative attitude toward learning.

HOW ABOUT DIAGNOSIS: THE DISCREPANCY MODEL

A battery of tests are used to identify learning disabled students. Tests such as the Wechsler Intelligence Scale for Children - Revised (WISC-R), the Wide Range Achievement Test (WRAT), the Peabody Individual Achievement Test (PIAT), the Gilmore Oral Reading Test, the Berry Developmental Test of Visual-Motor Integration, the Myklebust Picture Story Language Test or Stanford Diagnostic Reading and Math Tests are good for diagnostic purposes. The results may be translated through applying a severe learning discrepancies identification formula as proposed in this pamphlet.

Under the final federal regulations for identifying severe learning disabilities (SLD), a team composed of a regular teacher, a person qualified to administer individual diagnostic examinations and a teacher or specialist with knowledge of learning disabilities may determine "1) whether the student does achieve commensurate with his or her age and ability when provided appropriate education experiences; 2) whether the child has a severe discrepancy between achievement and intellectual ability in one or more of seven areas related to communication skills and mathematical abilities." (*Federal Register*, December 29, 1977.)

Since regulations for defining the severe learning disabled population have no definite guidelines in regard to what percentage discrepancy constitutes SLD, this is up to the local team to determine.

For example, under the new regulations the severity of delay between basic skills and ability may range from 50% to 80%, depending on the situation and orientation of the local team.

We have prepared some diagnostic profiles (*Figure 1*) of secondary students to illustrate some typical learning problems relative to the discrepancy between a student's learning potential for concepts (*information, ideas and knowledge*) vs. his basic skills deficits (*reading, writing and arithmetic*); skills which traditionally have been necessary for the L.D. student to acquire grade/age appropriate concepts.

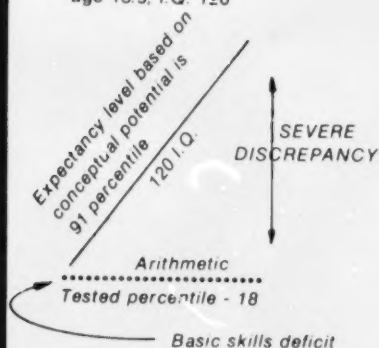
Profile A and B shows typical L.D. students who have severe discrepancies in arithmetic or reading and whose basic skills deficits would indeed prohibit them from learning at their intellectual potentials.

DISCREPANCY MODEL

PROFILES SHOWING SLD FOR VARIOUS INTELLECTUAL POTENTIAL AND SELECTED BASIC SKILLS DEFICITS ARE SHOWN BY THE FOLLOWING SAMPLES OF A 80% SEVERE LEARNING DISCREPANCY:

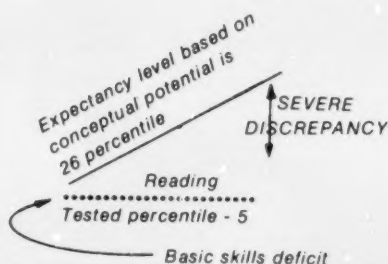
A.

SLD Student, grade 8
age 13.9, I.Q. 120



B.

SLD Student, grade 8
age 13.9, I.Q. 90



KEY:

- = expectancy level
- = basic skills level

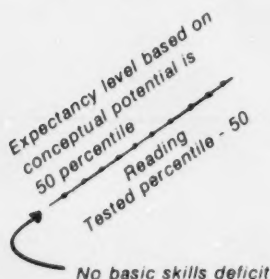
Profile C shows a student with no discrepancy between expected basic skills as based on I.Q. vs. tested achievement scores for basic skills. Instruction at grade level is appropriate for him.

Profile D shows an 8th grade slow learner with no discrepancy between his expected basic skills development and his achievement test score in reading. Coping with instruction at grade level is probably difficult for him.

One may be able to visualize from these profiles that the L.D. student is being discriminated against in a traditional remedial or regular program when instruction is focused mainly on his basic skills deficit. We believe that a total school program must include developmental by-pass techniques that will enable the capable L.D. student to learn grade/age appropriate conceptual material necessary for his rightful education.

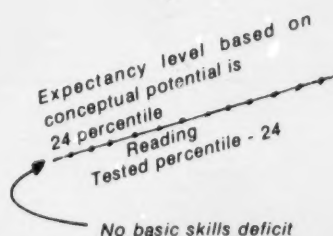
C.

Student w/no SLD, grade 8
age 13.9, I.Q. 100



D.

Slow learner w/no SLD, grade 8
age 13.9, I.Q. 89



Average students (C) and slow learners (D) have little or no discrepancy between their basic skill achievement and I.Q. expectancy. However, information from Chart #1 allows the reader to see that students with higher I.Q.'s (A) may have as much as an 80% discrepancy between their expectancy and achievement even though their achievement test scores fall close to the normal range (25th to 75th percentile). In contrast, lower I.Q. youngsters (90 or below) with 80% discrepancies show low achievement levels of 5th percentile or less. Therefore, screening and diagnosis may miss the higher I.Q. children because their basic skills may not be low enough to be recognized as a problem by the regular classroom teacher - but

the bright student is often aware that his skill deficits are a problem to him relative to his perception of what he ought to do! It has been our experience that these bright L.D. students often have a poor self image and are anxious about school because they are not aware of the fact that they have a specific learning disability. Because of their inability to use basic skills efficiently, they compare themselves as being intellectually inferior to their normal peers.

CHART #1
CRITICAL ACHIEVEMENT LEVEL DISCREPANCIES
FOR
IDENTIFICATION OF SEVERE LEARNING DISABILITIES

WECHSLER IQ (S = 15)	I.Q. %ILE RANK EXPECTED	ACHIEVEMENT %ILE SCORES DISCREPANCY						
		80%	75%	70%	65%	60%	55%	50%
130	98	20	24	29	34	39	44	49
125	95	19	24	28	33	38	43	48
120	91	18	23	27	32	36	41	46
115	84	17	21	25	29	34	38	42
110	75	15	18	22	26	30	33	37
105	63	13	16	19	22	25	28	32
100	50	10	12	15	18	20	22	25
95	37	7	9	11	13	15	17	18
90	25	5	6	8	9	10	12	13
85	16	3	4	5	6	6	7	8
80	9	2	2	3	3	4	4	4
		ACHIEVEMENT TEST PERCENTILES						

TO USE CHART:

1. Find percentile rank of student for his I.Q. This will give his potential.
2. Find percentile of achievement scores for each basic skill expectancy area. The discrepancy figure at the top will show the severity of the learning disability for each skill.

Prepared by:

JOANNE KELLY

MISSOURI CSDC SCHOOL PSYCHOLOGIST

Chart #2, Severe Discrepancy Profile Chart, allows the reader to see at a glance different degrees of discrepancy for each of the basic skills deficits listed in the Federal Register. For example, a ninth grade student, by comparing achievement test scores with his strongest WISC-R I.Q., may have a 76% discrepancy in basic reading skills as measured by the Wide Range Achievement Test (WRAT), a 29% discrepancy in Reading Comprehension as measured by the Stanford Diagnostic Reading Test, an 80% plus discrepancy as measured by the WRAT-Spelling, a 70% discrepancy as measured by the WRAT Arithmetic and a 40% discrepancy as measured by the Stanford Diagnostic Math Test. For this ninth grade example we have shown no oral expression or listening comprehension scores because, to our knowledge, there are no appropriate tests available for this age level. In the example cited, a placement team should certainly consider a developmental by-pass program for reading, mathematical computations and spelling because the discrepancy levels are well beyond 50%. Hopefully, with the developmental by-pass instruction, reading comprehension and math reasoning may improve.

Staff members formulating Individualized Educational Plans (IEP) and diagnostic teams may also use this profile chart to generate average I.Q. and achievement scores for each grade level in their school district. By plotting these scores, school administrators can get a school profile. Comparing the school profile to the individual student's profile, the diagnostic team can tell how much discrepancy the student has from local norms and, thus, make better decisions in regard to class placement for their specific situation.

Although there are some statistical problems in using Chart #1 relative to standard error of measurement and test reliability, the method outlined still allows for more efficient screening, diagnostic and placement activities than may be presently available to the practitioner in the local schools.

Severe Discrepancy Profile Chart

DISCREPANCY LEVEL →	76%	29%	-	-	80+ %	70%	40%
PERCENTILES	BASIC READING SKILLS	READING COMPREHENSION	LISTENING COMPREHENSION	ORAL EXPRESSION	WRITTEN EXPRESSION Spelling	MATHEMATICAL CALCULATION	MATHEMATICAL REASONING
99%							
95%							
90%							
85%							
80%							
75%							
70%							
65%							
60%							
55%							
50%							
45%							
40%							
35%							
30%							
25%							
20%							
15%							
10%							
5%							
1%							

NAME _____ C.A. _____

Wisc-R TO US Repetition 1. _____ 2. _____ 3. _____

Wisc-R. _____
Wisc-R. _____
Wisc-R. _____

SCORE →
RECORD ACHIEV. TESTS USED →

WRat 20%
Standard Diagnostic Reading 60%
no appropriate test available for age level
no appropriate test available for age level
WRat Spelling 5%
WRat 25%
Standard Diagnostic Math 50%

032-4-78

SEVERE DISCREPANCY PROFILE CHART

NAME Typical L.D. Student
C.A. 15-10 GRADE 9

Wisc-R To use chart:
Expectancy

1. Draw in red pencil a line across paper at appropriate percentile for highest I.Q. score which gives potential expectancy.
2. Plot each basic skill test score using discrepancy percentile from Critical Achievement Level Discrepancy Chart
3. Write severe discrepancy level for each skill (at top).

Wisc-R 100 VERBAL IQ (50 Zile)
Wisc-R 115 PERFORMANCE IQ (84 Zile)
Wisc-R 107 FULL SCALE IQ (68 Zile)

Prepared by:

Mrs. Mary Beth Boyd
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III. DEVELOPMENTAL BY-PASS - WHAT IS IT?

Developmental by-pass techniques attempt to work at two levels of instruction simultaneously. By definition, the learning disabled student is delayed in the development of basic skills such as reading, writing, spelling and arithmetic but is not delayed in conceptual ability - the ability to understand grade level information or concepts.

Developmental by-pass strategies help students gain the knowledge, concepts and information necessary to cope with the regular classroom curriculum. The basic skill of reading is by-passed by presenting audio-taped material in read-along fashion. Material presented in this way is accompanied by outline summaries of main ideas and highlighting of appropriate material in textbooks. Thus, the student is learning to read by listening to grade appropriate materials - a powerful modeling effect.

To repeat, the essence of learning disabilities, it seems to us, is that the student's basic skills are developmentally delayed, **therefore, we by-pass this delay** until the student is developmentally ready by providing him options of a calculator for arithmetic or a verbatim tape recorded text for reading with multiple choice, orally administered teacher-made quizzes, or other appropriate by-pass techniques for assessment purposes.

IV. RECOMMENDED SERVICE MODEL FOR DEVELOPMENTAL BY-PASS INSTRUCTION

A resource room is a place to study; it is like a library with special help available. The resource room teacher develops ways of presenting regular teachers' curricula to L.D. youngsters using multi-media equipment and compensatory techniques. For this reason students should not be assigned to the center in lieu of regular class instruction. They are given on-going support in the resource room in order to survive in the regular classroom.

RESOURCE ROOM SCHEDULING IS UNUSUAL - WHY?

The student's use of the resource room should be **strictly voluntary**. Use of the resource room is an informal arrangement worked out by the classroom teacher, resource room teacher and the student. One of the goals of support service is not to disrupt normal classroom practice. The best possible use of the resource room is during class study time, when other students are reading required material. The L.D. students then use the resource room to do their studying. In some instances satellite listening centers are placed in the classroom. This assures the continuity of classroom instruction. It is important to repeat that L.D. students should not be "pulled

out" and sent to the resource center for special instruction in lieu of their regular lessons.

V. TEACHER INVOLVEMENT

Teacher participation generally involves the four phases outlined in the following pages - Referral, Coordination, Implementation and Follow-up.

REFERRAL

The referral is the classroom teacher's first contribution to helping an able but underachieving child. Teachers should refer any students they suspect of having a learning disability to their diagnostic agency for further testing.

HOW CAN THE TEACHER KNOW?

Since some "L.D." signs may also result from other types of learning problems, the teacher is not expected to be sure that a learning disability is present before referring a student. All likely students should be referred. Diagnostic screening can eliminate the misplacement of students who are not truly learning disabled and who, therefore, need a different sort of program.



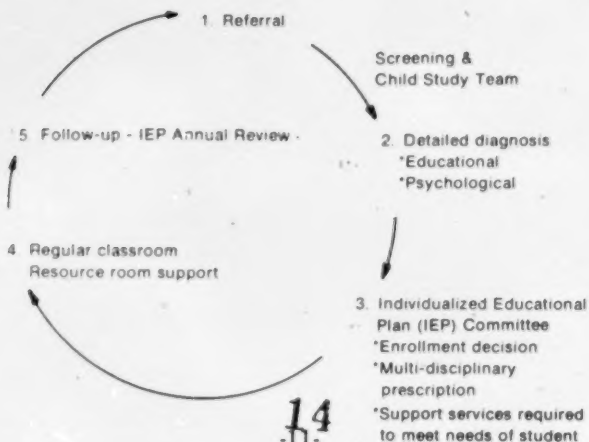
SUPPOSE A CHILD IS NOT L.D.?

In preliminary screening the referral is examined for evidence suggesting a learning disability. Emphasis is placed on the inconsistent performances between intelligence and achievement which characterize the child with specific symbol language delays. This discrepancy between potential and achievement is the key to the effectiveness of the learning disability program. If there is no such discrepancy, a by-pass program for secondary students as advocated by the Missouri Child Service Demonstration Center may not help the child.

Special services may meet the long-term needs of the slow learning child, who may already be working to the best of his ability. Thus, when referred students display uniformly low profiles, i.e. a congruence between conceptual level and basic skills level (*see Profile D, Figure 1*), rather than learning disability variations, they should be screened out of the program and recommended for a more appropriate placement.

Because success in the regular classroom is the objective of developmental by-pass programs, it is very important that the resource room teacher and classroom teachers coordinate their efforts. To facilitate this end, regular teachers should provide the resource room teacher with lesson plans at least a week in advance. The resource room teacher can then plan techniques and strategies to aid the L.D. student in succeeding in the regular classroom using the regular teacher's curriculum.

When evidence of L.D. discrepancies appear during screening, complete diagnosis is conducted to pinpoint strengths and weaknesses and to plan a comprehensive program of developmental teaching, compensation and counseling. The process goes as shown:



2. COORDINATION

When diagnosis of "L.D." has been confirmed, an Individual Education Plan (IEP) should be written. In accordance with federal regulations, the IEP conference should include the resource room teacher, parents, regular teachers who work with the student and sometimes the student himself. Priority is given to specific teaching methods and materials for use in the resource room and planning for supplementary aid in the classroom. This is accomplished by coordinating the efforts of an L.D. resource room teacher (*who provides instructional support to the mainstream teachers*), with other school personnel such as counselors, librarians, media experts and others, but especially the regular secondary teachers who provide the mainstream instruction. **The key to a successful program for the secondary L.D. student is the cooperation between a resource room teacher and the regular classroom teachers.**

The IEP conference enables the resource room teacher and classroom teacher to decide on goals they hope the student can attain. Experience has proven that students can best meet teachers' expectations when objectives are clarified in advance. Policies for makeup work must be established, and realistic adjustments in homework and class participation requirements should be made.

HOW CAN A TEACHER INDIVIDUALIZE?

Teachers need both recommendations and ways of implementing them. To this end, the IEP conference focuses not only on scheduling, but also on sharing diagnostic findings and project resources.

Emphasis is given to concrete assistance for implementing recommendations at minimal expenditure of time for the classroom teacher. When implementation plans are discussed in the IEP conference, the following may be offered for each L.D. student:

- *description of the student's most successful learning activities, i.e. what works for him*
- *estimates of how much material he can handle*
- *recommendation for the type of equipment needed for implementing suggestions*
- *needed preparations by teacher's aide for implementing suggestions*

3. IMPLEMENTATION - IN A CLASS OF THIRTY?

Structure and instruction are important in the mainstreaming of learning disabled kids. Students' L.D. prescriptions include compensatory measures in one or both of these areas. Structural changes, such as adjustments in assignment format or physical working conditions, are charted in the monograph, **Developmental By-Pass Techniques for Teaching the Secondary Learning Disabled Student**. The full text is available through the Missouri Child Service Demonstration Center. (*See order form*)

Many secondary teachers realize that because of basic skills deficits, their students fall further behind in learning standard content material as the year goes on. Developmental by-pass instruction is designed to correct this problem. However, teachers successful with the developmental by-pass technology report that the **big pay-off** comes when teacher-made tests are revised not to discriminate against the L.D. child. They also report that many normal children in classes with L.D. students seemed to profit from the same techniques. In general, class learning seems to be improved by developmental by-pass techniques. The student can then really demonstrate what he knows without being discriminated against for his deficit in basic skills. It is recommended that, when various instructional by-pass input strategies are initiated, that similar strategies are used that employ developmental principles of assessment. For example, the L.D. student often may be able to select the correct answer from an orally administered multiple-choice test before he is developmentally able to "recall" the correct answer without a stimulus clue. Thus, we give oral multiple-choice tests to L.D. students which are often prepared by the regular teacher. In some cases the L.D. teacher, in cooperation with the regular teacher, reconstructs the regular teacher's tests and quizzes so that the L.D. student can demonstrate his knowledge and thus is graded accordingly. As indicated earlier, an important spin-off effect of this strategy is that other students, not identified as severely learning disabled but who may be slow learners, with a smaller than 50% discrepancy, also appear to profit by the same techniques.

BUT, WHAT ABOUT BASIC SKILLS?

There are several excellent programs for the improvement of basic skills that the teacher may wish to investigate. This group includes SIMS at the Franklin Center, Minneapolis, Minnesota; Systematic Instruction at Redlands and Castro Valley, California; Project CHARTS, University of Washington in Seattle,

Washington; and the SCAT Project with the Idaho State Department of Education. One problem is that there is little data available on the generalization effect from intensive practice on basic skills to mastery of the general content area of the secondary school curriculum. The time necessary to strengthen basic skills so that the L.D. student can cope with the regular secondary school curriculum seems mammoth, and the L.D. student appears to continue to fall further behind his intellectual peers in regard to mastery of content material.

We believe that basic skills are developmental in nature and should be progressively introduced as soon as the student has mastery over each prerequisite skill. For example, drill in two column multiplication should be introduced after the student demonstrates mastery of simple addition and multiplication. Drill on low frequency three or four syllable words is not appropriate if the student has not attained mastery over monosyllabic words, compound words and high frequency polysyllabic words.

If the teacher feels uncomfortable with a total by-pass approach (*which we feel is sufficient at the secondary level*), we suggest short intensive exposures to systematic instruction as a developmental program for reading, arithmetic and spelling.

4. FOLLOW-UP — WHAT THEN?

Milder disabilities can be handled by students after a minimum of resource training, so long as classroom compensation continues to be available. More severe disabilities may require resource room intervention as well as classroom aid throughout the student's formal education. Section 504 of P.L. 93-112 guarantees the option of educational appliances for all handicapped students all the way through college.

The annual IEP review assures the student the opportunity of having continuously appropriate educational goals each year.

5. CONCLUSION

Because success in the regular classroom is the goal of developmental by-pass instruction, the importance of the classroom cannot be over emphasized. Specialized resource instruction cannot be expected to eliminate most students' learning disabilities. In the resource room by-pass strategies and skills can be learned which help to minimize the effect of a specific disability in classroom learning. Further progress, however, usually depends on working around the disability, or "compensating" for it, on an every day basis in the classroom.

WHAT IS THE FRANKLIN COUNTY SPECIAL EDUCATION COOPERATIVE?

A volunteer association of 11 participating school districts who share their separate resources in support of a diagnostic clinic which provides testing, diagnostic and evaluation services for all of the county's handicapped children. Handicapping conditions might be in the areas of speech, hearing, sight, cerebral palsy, emotional disturbance, epilepsy, learning and behavioral disorders, retardation, orthopedics, or any other handicapping physical or health conditions.

Excellent testing facilities include a sound-proof booth utilized for hearing evaluations and sophisticated examining rooms equipped for both physical and psychological testing.

A team of psychologists, psychometricians and nursing staff performs in-clinic evaluations of children referred to them by parents and public and private educators. Consultant specialists in the fields of orthopedics, psychiatry, neurology, ophthalmology, speech pathology, audiology, pediatrics and otolaryngology are also utilized on an as needed basis.



WHAT IS MISSOURI'S MAINSTREAMING CSDC?

Missouri's Public School Mainstreaming Child Service Demonstration Center (CSDC) is a federally funded project through the Bureau of Health, Education and Welfare, P.L. 91-230 entitled, "Mainstreaming Secondary Learning Disabled Students through Inter-disciplinary Teams and Individualized Management Systems".

WHAT IS THE PURPOSE OF THE PROJECT?

The Franklin County Special Education Cooperative staff designed the program to mainstream secondary learning disabled students utilizing resource facilities in separate centers throughout Franklin County. The central objective of the program is to develop viable mainstream individualized educational programs for each learning disabled student identified at the secondary level. An inter-disciplinary psycho-educational-medical diagnostic team works in consort with the regular school staff. Developmental by-pass instructional strategies are important facets of this program.